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The perceived effects of friendly visitation on the social well-being of institutionalized older persons

Kristina L. Schromm
San Jose State University

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Schromm, Kristina Louise, M.S.

San Jose State University, 1992

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THE PERCEIVED EFFECTS OF FRIENDLY VISITATION ON THE SOCIAL
WELL-BEING OF INSTITUTIONALIZED OLDER PERSONS

A Thesis

Presented to

The Faculty of the Department of Health Science
San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science in Gerontology

By

Kristina L. Schromm

May, 1992

APPROVED FOR THE DEPARTMENT OF HEALTH SCIENCE

Debra David

Dr. Debra David

Lela Llorens

Dr. Lela Llorens

Carolyn Glogoski-Williams

Carolyn Glogoski-Williams

APPROVED FOR THE UNIVERSITY

Serena M. Stanford

ABSTRACT

THE PERCEIVED EFFECTS OF FRIENDLY VISITATION ON THE SOCIAL WELL-BEING OF INSTITUTIONALIZED OLDER PERSONS

by Kristina L. Schromm

This research explored the perceived effects of friendly visitation on the social well-being of elderly nursing home residents. This was a descriptive study in which fourteen nursing home residents who had been receiving on-going, one-to-one visits from community volunteers were interviewed. The study focused on residents' perceptions of the value of visitation, the roles that friendly visitors play in residents' lives and the extent to which friendly visitation fulfills residents' needs for social contacts and involvement in the community.

Research data revealed that friendly visitors play a variety of roles in residents' lives and in some cases, help to bridge the gap between the institution and the larger community. These findings suggested that the presence of friendly visitors in the facility may mitigate the effects of institutionalization by helping residents to maintain a sense of continuity.

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CHAPTER 1

INTRODUCTION

Purpose

The purpose of this study was to examine nursing home residents' perceptions of the value of receiving on-going, one-to-one visits from community volunteers. In light of previous research regarding the importance of social contacts in the lives of nursing home residents, this research intended to describe how residents perceive visitors from the community and the effects of visitation on their social well-being.

Statement of the Problem

Many communities have friendly visitor programs for residents of long-term care institutions. It is generally believed that such programs are beneficial to residents' physical and psychological well-being and also help to bridge the gap between the institution and the larger community. However, while the physical and psychological effects of friendly visitation have been documented (Arthur, Donnan & Lair, 1973; Newman, Lyons & Onawola, 1985; Schulz, 1976), there has been little research on the effects of such programs on the social well-being of residents.

It has long been recognized that placement in a long-term care institution has negative psychosocial effects on older persons (Goffman, 1961; Tobin & Lieberman, 1976;

Townsend, 1962). Long-term care institutions create boundaries between residents and the outside world. It is often difficult for residents to maintain the social relationships that previously sustained their identities in the community (Kahana, Kahana & Young, 1985). Although the congregate living environment of the nursing home offers the opportunity for new interpersonal relationships and a "community" within the facility, many residents become isolated and lose contact with the larger community.

The deterioration of social networks associated with institutionalization can be detrimental to the well-being of residents. Social isolation may lead to a sense of separation and rejection (Tobin & Lieberman, 1976); loneliness (Townsend, 1962); overdependence and loss of interest in the outside world (Butler & Lewis, 1977); and a gradual decline in psychosocial and physical functioning (Schulz, 1976).

Maintaining family, social, and personal relationships after institutional placement is of utmost importance in assuring the well-being of nursing home residents (Butler, 1975). However, this may be difficult or impossible for many "old-old" persons who have no living close relatives and whose friends have died or gone to nursing homes. Further, because of the shortage of nursing home beds in many areas, particularly those available to poor older persons, individuals are sometimes forced to enter

facilities far from their home community and to leave family, friends and/or pets behind. Consequently, visits from familiar persons outside the facility may be infrequent or non-existent.

With the aging of society and the rapid growth of the population 85 years of age and older, long-term care for older persons is an increasingly important issue. A recent survey estimated that 43 percent of people who became 65 in 1990 will spend at least some time in a nursing home and 50 percent of those will never leave (Kemper & Murtaugh, 1991). These statistics exemplify the growing need to examine methods of mitigating the negative effects of institutionalization and maximizing the quality of life of nursing home residents.

Efforts to enhance the well-being of institutionalized older persons have traditionally focused on the psychological and physical needs of residents, while social needs are often overlooked. However, there is evidence that the adequacy of fulfillment of social needs is a significant dimension of overall well-being (Reed & Washington, 1984). Therefore, more attention needs to be given to providing opportunities for residents to meet their social needs, particularly the need for social contacts and community involvement. To that end, one approach may be to help residents maintain interpersonal relationships and ties with the community through regular

contact with friendly visitors and companions.

Research Objectives and Questions

The primary objective of this research was to determine elderly nursing home residents' perceptions of the effects of friendly visitation on their social well-being. Specifically, this study focused on the following questions:

1. What role do friendly visitors play in nursing home residents' lives?
2. Does contact with friendly visitors affect residents' sense of connection with the larger community?

Definitions

Elderly Nursing Home Resident: For the purpose of this study, "elderly nursing home resident" refers to a person 60 years of age or older who resides in a skilled nursing facility.

Friendly Visitor: An adult volunteer from the community who has established a social relationship with an elderly nursing home resident and visits him/her on a regular basis.

Larger Community: The locality outside the confines of the nursing facility in which the elderly person resides.

Social Support Networks: Personal contacts through which the individual maintains his/her social identity and receives emotional support, material aid, services,

information, and new social contacts. Such networks can include relatives, friends, neighbors, co-workers, or professionals, but generally are independent of formal care-giving institutions (Minkler, 1981).

Social Well-Being: The extent to which older persons perceive their social needs as being met. Specifically, this study focuses on the dimension of social-recreational activity; that is, the need for opportunities for continued freedom and community involvement, as well as social contact and visits from persons outside the facility (Reed & Washington, 1984).

Significance of the Study

Older nursing home residents often lack social support networks, which can be detrimental to their psychosocial and physical well-being. As more and more people seek long-term care, institutional facilities will be expected to provide a living environment which promotes optimal physical, psychological, and social functioning. In order to maximize the well-being of elderly nursing home residents, it is important that facilities offer sufficient opportunities for the gratification of residents' social needs.

Few studies have explored the role of friendly visitors in the lives of nursing home residents or the extent to which such visitation fulfills residents' social needs. This research is significant because it contributes

information on this particular subject and generates questions for further research. The findings could also be used in practice by helping professionals dealing with institutionalized persons.

CHAPTER 2

REVIEW OF THE LITERATURE

Introduction

In this chapter, relevant information from the literature regarding nursing home residents' social support networks, family relations, friendships, and community ties is presented. Research regarding the relationship between social support networks and well-being is also discussed, as well as previous research on the effects of friendly visitation.

Social Support Networks

Statistical data regarding the social support networks of elderly nursing home residents is inconsistent. According to Gelfand (1988), 50% of nursing home residents have no living close relatives and 60% receive no visitors; however, these statistics are questionable. Data from the National Nursing Home Survey (National Center for Health Statistics, 1977), indicated that 25% of nursing home residents were visited less than weekly, and 12% received no visitors. Regardless of the exact figure, it is generally accepted that a significant number of nursing home residents lack social contacts, and even those residents who maintain relationships with relatives and friends often desire more frequent visits (Bitzan & Kruzich, 1990).

Family Relations

The common belief that families abandon their elders by "dumping" them in nursing homes is a myth. Nursing home residents who have living close relatives tend to maintain contact with them and report satisfaction with their family relationships (Seelbach & Hansen, 1980; Shanas & Maddox, 1976; York & Calsyn, 1977).

The reality is that a large portion of nursing home residents lacked social supports prior to being admitted to the institution. Older people who enter institutions are more likely to be never married or widowed, have no living children or few children living nearby, and were living alone or with non-relatives prior to entry (Hing, 1981; Vladek, 1980). This lack of social supports is a primary factor in bringing about institutional placement (Lawton, 1980). Similarly, an adverse change in social relationships (i.e., loss of a relative due to death or relocation) may precipitate institutionalization (Tobin & Lieberman, 1976). Wan and Weissert (1981) found that institutionalization is strongly related to living alone, and that availability of social supports is associated with higher levels of physical and mental functioning and reduced risk of institutionalization.

Friendships

Maintaining relationships with friends is often difficult for nursing home residents. Spasoff et al.

(1978) observed that one year following institutional placement, friends were less likely to visit and visited less often. This finding was supported by other studies which have shown that frequency of visits tends to decrease over time (Bitzan & Kruzich, 1990; Greene & Monahan, 1982; Hook, Sobal & Oak, 1982; National Center for Health Statistics, 1977). Deterioration of friendships may represent a significant loss to older people since friendships often take on greater importance in later life, especially for individuals who lack family supports.

While most residents want to continue associations with old friends, there are a number of barriers that make it difficult to do so. Transportation problems or failing health may preclude older relatives and friends from accessing the resident in the nursing home. Hook et al. (1982) found that distance traveled was the most significant factor in determining the frequency of visitation. This has particular implications for low-income residents, since public assistance recipients are more likely to be placed in facilities far from friends and relatives. Consequently, poor residents tend to be visited less often than more affluent residents (Kosberg, 1973). In addition, many people perceive the institutional environment as disagreeable and find it emotionally difficult to visit friends or relatives in that context.

Community Ties

Another consequence of institutionalization is severance of ties with the outside community. According to Kahana (1971), when a person is admitted to a nursing home, s/he leaves the ordinary world and is cut off from the surrounding community. Residents commonly lack opportunities to leave the facility and participate in community activities. The National Nursing Home Survey in 1977 found that 69% of the nursing home residents polled had not participated in any event outside the facility within the last month (Markson, 1980).

Social Support Networks and Well-Being

Research has documented the relationship between social support networks and well-being of nursing home residents. Bitzan and Kruzich (1990) found that interpersonal relationships both within and outside the nursing home are significantly related to residents' life satisfaction.

Greene and Monahan (1982) examined the relationship between psychosocial well-being of nursing home residents and frequency of visitation. In their study of 294 skilled nursing facility residents, it was shown that frequent visitation by family members had a significant therapeutic influence on residents' psychosocial well-being.

It has been suggested (Hook et al., 1982) that contact between nursing home residents and people from the outside

world helps residents to maintain meaningful role relationships with others. Hickey (1980) maintained that eliminating isolation and providing residents with opportunities to develop social contacts should be major objectives of institutions.

While there is agreement that social support networks are an important factor in well-being, it should be stressed that the impact of social interaction after institutionalization must be interpreted relative to the individual's earlier pattern of social activity (Tesch & Whitbourne, 1981). In a study of friendship and social interaction of institutionalized older men, Tesch and Whitbourne concluded that maintenance of accustomed levels of social interaction was significantly related to subjective well-being. Similarly, Harel (1981) emphasized that continuing ties with preferred members of one's social network is of primary importance, and Noelker and Harel (1978) found a significant relationship between life satisfaction and the degree to which nursing home residents' preference for visitors was fulfilled.

Effects of Friendly Visitation

In addition to family and friends, volunteers can be a part of the nursing home resident's social support network. A number of studies have examined the effects of contact with friendly visitors on the well-being of nursing home residents.

A quasi-experimental study by Arthur, Donnan and Lair (1973) revealed that elderly nursing home residents who received regular visits and companionship from college students for a period of ten weeks had higher morale scores than residents who did not have contact with students.

In another study (Newman, Lyons & Onawola, 1985), college students visited twenty nursing home residents and interacted with them socially for three hours each week over the course of one semester. Based on patient records, interviews of nurses, and observations and interviews of patients, the researchers concluded that the interaction resulted in substantial improvements in the residents' psychosocial and physical conditions.

Moss and Pfohl (1988) conducted a study in which twenty nursing home staff persons, whose jobs did not involve direct contact with residents, each befriended one resident and visited him/her approximately once a week. Based on their observations and interactions with residents, the staff visitors believed that the residents benefited from an expanded social network, increased self-esteem and advocacy on their behalf.

Research has also suggested that control and predictability are important factors in maximizing the physical and psychological benefits of friendly visitation. A quasi-experimental study by Schulz (1976) explored the effects of friendly visitation in which residents were able

to control or predict the frequency and duration of the visits, compared with residents who received visits on a random schedule or received no visits. Immediately following the intervention, residents in the predict and control-enhanced groups exhibited significantly better physical and psychological status than residents who received random or no visits. However, a follow-up study (Schulz & Hanusa, 1978) revealed that the positive effects of the intervention had not been sustained. The residents who had benefited the most from the intervention (those who had received predictable and controllable visitation) declined significantly after the study was terminated. In fact, the physical and psychological status of these residents was lower than pre-intervention levels, while the residents who had received random visits or no visits remained stable.

Other studies have found that residents who received regular visitors appeared to also receive more attention from staff (Gelfand, 1968; Gottesman, 1974). Thus, the presence of regular visitors may have implications for the quality of care residents receive. Barney (1974) proposed that direct involvement of the community in nursing homes would help to ensure the quality of life in nursing homes and develop contacts between the community and institution.

Summary

Studies have suggested that availability of social

support networks (family and friends) can mitigate some of the adverse effects of institutionalization. Research has also shown that friendly visitors and companions can enhance the psychological and physical well-being of residents; however, there has been little research regarding residents' perceptions of the value of receiving visitors from the community and the degree to which friendly visitation fulfills residents' needs for social contacts and involvement in the community.

CHAPTER 3

METHODOLOGY

Design and Sample

Prior to beginning this research, several skilled nursing facilities in Santa Cruz County were contacted by the researcher to inquire about the extent of friendly visitation within the facility. Five skilled nursing facilities were identified as having potential subjects for the study, four of which agreed to participate: Driftwood Convalescent Hospital, Golden Age Convalescent Hospital, Hillhaven Extended Care, and Triway Care Center. The researcher received written authorization from each of the facilities to contact and interview residents, on the condition that residents' rights were respected (see Appendix A).

To identify potential participants, the activities director at each of the nursing facilities was asked to provide the researcher with names of residents who fit the following criteria: (a) age 60 or older; (b) long-term resident of nursing facility (at least six months); (c) recipient of ongoing, one-to-one visits from a community volunteer (at least six months); and (d) able to engage in a personal interview.

All residents recommended by the activities staff were contacted and invited to participate in the study, with the exception of persons who did not fit the criteria for

participation. All but one invitee agreed to participate; however, a number of residents were subsequently excluded due to death, illness, cognitive decline, relocation from the facility, or inability to complete the interview because of cognitive impairment. A total of fourteen residents participated in the study.

Instrument

An interview schedule was developed by the researcher, which contained a series of open-ended questions regarding family relationships, friendships, community involvement, relationships within the facility, and friendly visitors (see Appendix B). The interview schedule was designed to elicit qualitative data from participants which would allow for speculation about the effects of friendly visitation on their social well-being.

To evaluate the interview schedule, trial interviews were conducted with two randomly-chosen residents which revealed that some of the interview questions were irrelevant, confusing, or difficult to answer. In addition, it was determined that the interview schedule contained insufficient inquiries into the nature of the resident-friendly visitor relationship. Consequently, the interview schedule was revised and expanded prior to conducting interviews with the remaining identified participants. The two trial interviews were not included in the final data analysis.

Procedure

Each resident recommended by the activities directors was contacted personally by the researcher (in the company of the activities director), given a brief description of the study, and invited to participate. Upon agreement, an interview appointment was arranged with the researcher.

Data were collected through in-person interviews with residents, which lasted approximately 30 minutes to one hour. Each interview session began with the researcher explaining the research procedures and reading aloud a Participant's Consent Form (see Appendix C). All invitees verbally agreed to participate in the study; however, a number of the residents were unable to sign the form due to physical impairments. In these instances, the resident's name was written in by the researcher and the reason was indicated. Each participant received a copy of the signed Participant's Consent Form.

Interviews were conducted in residents' rooms or common areas of the facility (i.e., lobby, employee lounge). A tape recorder was used in all of the interviews with the exception of one (this was the resident's preference), in order to ensure accurate transcription of responses. Shortly following the interview sessions, tapes were reviewed and data were transcribed. Also recorded were the researcher's observations and initial insights into the role of the friendly visitor(s) in the resident's

life and the extent to which contact with the friendly visitor(s) appeared to affect the resident's sense of connection with the larger community. These assessments were based on the participant's verbal responses and behavior during the interview.

Coding and Analysis of Data

Analysis of interview data involved: (a) coding of interview responses; (b) computation of descriptive statistics; (c) examination of data for associations among variables (using chi square); and (d) speculation about the role of friendly visitors in each participant's life and the effects of friendly visitation on the resident's sense of connection with the larger community.

Family Contact/Contact with Friends

Interview responses regarding past and current family relationships and friendships were coded "HIGH", "MEDIUM", "LOW", and "NONE" according to the following scale:

HIGH = once a week to every day

MED = one to three times per month

LOW = less than once a month

NONE = no contact

Change in accustomed levels of contact with family and friends was coded, "MORE", "SAME", and "LESS", according to participants' responses to the questions, "Since you entered the facility, has the amount of time you spend with relatives/friends changed?" and "Do you see your

relatives/friends as often?"

Community Involvement

Interview responses regarding past and current levels of community involvement were coded "HIGH", "MEDIUM", "LOW", and "NONE" according to the following scale:

HIGH = very active

Two or more of the following:

- (a) active involvement in work, church, clubs, and/or organizations
- (b) numerous recreational activities outside the home
- (c) regular attendance at community events (e.g., movies, concerts, sports)

MED = somewhat active

Two or more of the following:

- (a) moderate involvement in work, church, club or organization
- (b) a few recreational activities outside the home
- (c) occasional attendance at community events

LOW = not active

Two or more of the following:

- (a) no involvement in work, church, clubs or organizations
- (b) very few or no recreational activities outside the home
- (c) infrequent or no attendance at community events

NONE = no participation in community activities

Importance of Visitors

Participants' responses to the question, "How important is it to you to have visitors?" were coded "HIGH", "MED", or "LOW", according to the content and emotional tone of the response.

HIGH = extremely/very important to well-being

MED = important, but not central to well-being

LOW = not important to well-being

Participants' verbatim responses in each category are presented in Chapter 4.

Data Analysis

Chi square calculations were used to determine if significant relationships existed between the perceived importance of visitors and other variables (i.e., current family contact, previous community involvement, etc.). Overall profiles of the fourteen participants were also compared to one another to identify common themes with regard to the role of visitors, importance of visitors, and residents' social well-being.

Limitations

A major limitation of this study is that the sample consisted of only alert, oriented persons. Residents with severe cognitive impairments, mental illness, Alzheimer's disease, severe hearing loss, or other conditions that would significantly impede their ability to engage in a personal interview were not included in the study, and

therefore, the effects of visitation on these persons cannot be determined. Inasmuch as severe impairments may limit a person's social opportunities, it is conceivable that visitors may be of particular importance to these persons. There are many nursing home residents who have such impairments, and many of them receive friendly visitors. Thus, the sample is not representative of the population of nursing home residents who receive friendly visitors, and the findings cannot be generalized.

A second limitation is that the researcher relied on the judgment of the facilities' activities directors to identify residents who fit the criteria for participation. It is possible that an activity director may have been unaware of the resident's visitors, underestimated a resident's ability to engage in an interview or assumed that a resident would not want to participate, resulting in potential subjects being excluded from the study.

Another methodological weakness involves the non-standardized nature of the interviews. The researcher may have biased the data by rephrasing interview questions and allowing participants to elaborate or go off the subject. Consequently, some participants may have given responses that they would not have given otherwise, and their responses may differ from those of persons for whom questions were not rephrased. Further, some participants were more talkative and gave more extensive and detailed

information, and thus, a more complete picture was obtained for these persons, compared with less talkative persons who gave only short, direct answers. It is possible that additional coaxing by the researcher may have elicited more information from some of these participants.

In a number of cases, participants did not answer all of the questions. Some participants had difficulty speaking or remembering details of the past. Also, a number of participants were unsure of their length of stay in the facility, and thus, their estimations may not be accurate. A few of the participants were completely unable to estimate the duration of their residency in the facility; in these cases, activities directors provided this information based on resident records. In one instance, the age of a participant was provided by staff.

The findings of the study may also be limited by the differing definitions of words and interpretation of interview questions among participants. For example, after several interviews had been completed, it became evident that participants' definition of "relative" was not universal. In two cases, when asked about relationships with relatives, the participants mentioned cousins, siblings, aunts, uncles, etc., but did not include their spouses and/or children. Fortunately, in both cases, this omission was discovered later in the interview and information about contact with the immediate family was

obtained. This problem did not arise in any of the other interviews.

There was also variation in participants' interpretation of the word "close" (as it pertains to relationships). The question, "Are there any staff members/residents within the facility with whom you are particularly close?" was confusing to some participants. The researcher frequently rephrased this as, "Is there anyone in the facility that you would consider a close friend?" Some participants named one or two people, while others stated that they were close to no one or that they were close to everyone. It appears that some participants considered persons with whom they were "on friendly terms" to be "close", while others did not consider such persons to be "close". Therefore, it is difficult to ascertain the nature of some of the participants' relationships with other residents or staff members.

CHAPTER 4

FINDINGS

Sample

The sample consisted of eleven women and three men residing in four skilled nursing facilities in Santa Cruz County. The participants ranged in age from 61 to 99, with a mean age of 80. Participants' length of stay in the nursing home ranged from 10 months to 8 1/2 years. The characteristics of the sample are presented in Table 1.

Social Contacts and Community Involvement

Family Relationships

Participants were asked about both pre-admission and current levels of contact with family. As shown in Table 2, most of the participants reported that they currently have some contact with family (including spouses), although three reported no contact with family. The three married participants reported that they receive frequent visits from their spouses (i.e., every day, three times per week, several times per month).

When asked, "Since you entered the facility, has the amount of time you spend with relatives changed?" and "Do you see your relatives as often?" half of the participants ($n=7$) reported a reduction in contact, six reported that contact has remained the same, and one reported that contact has increased (due to a geographical move). These findings appear in Table 3.

Table 1

Characteristics of the Sample (N=14)

Description	<u>n</u>
Gender	
Male	3
Female	11
Race/Ethnicity	
Caucasian	13
Asian	1
Age	
61-69	3
70-79	3
80-89	6
90-99	2
Marital Status	
Married	3
Widowed	10
Divorced	1
Length of Stay in Nursing Home	
Less than 1 year	1
1 - 2 years	6
3 - 4 years	5
More than 5 years	2

Table 2

Contact with Family (N=14)

	Pre-admission contact	Current contact
Level of contact	<u>n</u>	<u>n</u>
HIGH	7	3
MED	3	6
LOW	2	2
NONE	2	3

Note. HIGH = once a week to every day; MED = one to three times per month; LOW = less than once a month; NONE = no contact.

Table 3

Change in Accustomed Level of Contact with Family Since
Nursing Home Admission (N=14)

Reported change	<u>n</u>
MORE	1
SAME	6
LESS	7

Relationships with Friends

As illustrated in Tables 4 and 5, participants' current levels of contact with friends were much lower than pre-admission levels of contact. When asked, "Since you entered the facility, do you think the number of friends you have has changed?" and "Do you see your friends as often?", the majority of the participants reported that they had experienced a decrease in the number of friends and frequency of contact after nursing home admission.

This decline in friendships appeared to be particularly significant for residents who were very socially active prior to admission; six of the seven participants who had high levels of contact with friends prior to admission reported that they currently have low or no contact with friends.

Relationships within the Facility

To ascertain the extent of residents' relationships within the facility, participants' were asked, "Are there any residents in the facility to whom you feel especially close?" and "Are there any staff members to whom you feel especially close?". As shown in Table 6, only four participants reported feeling close to one or more residents. A number of participants stated that they find it difficult to communicate with other residents due to the prevalence of cognitive and hearing impairments among the nursing home population. One participant reported that

Table 4

Contact with Friends (N=14)

	Pre-admission contact	Current contact
Level of contact	<u>n</u>	<u>n</u>
HIGH	7	0
MED	4	3
LOW	2	5
NONE	1	6

Note. HIGH = once a week to every day; MED = one to three times per month; LOW = less than once a month; NONE = no contact.

Table 5

Change in Accustomed Level of Contact with Friends Since
Nursing Home Admission (N=14)

Reported change	<u>n</u>
MORE	0
SAME	5
LESS	9

Table 6

Relationships within the Facility (N=14)

	Yes	No
Response	<u>n</u>	<u>n</u>
Close to one or more residents	4	10
Close to one or more staff members	10	4

there are "too many Alzheimer's patients" in the facility. Another stated that the other residents are "cranky" and are always trying to "pick fights."

In contrast, most of the participants (n=10) reported feeling close to one or more staff members, including nurses, nurses aides, and activities directors. Thus, it appeared that the participants (all of whom are alert and oriented) prefer to associate with non-impaired persons.

Community Involvement

All but two of the participants reported that they do not currently participate in any community activities. Eight participants indicated that they do not leave the facility or leave only for medical appointments.

As shown in Table 7, eight of the participants reported high or medium levels of community involvement prior to admission, while only two reported high or medium levels of community involvement since entering the nursing home (see Chapter 3 for an explanation of coding). Although the majority of the participants have retained the level of involvement to which they are accustomed (see Table 8), some experienced dramatic reductions in community involvement after admission; for example, four of the six participants who had previously been very active in the community reported no community involvement since entering the nursing home. None of the participants reported an increase in community involvement since admission.

Table 7

Involvement with the Larger Community (N=14)

Level of involvement	Involvement prior to to admission	Current involvement
	<u>n</u>	<u>n</u>
HIGH	6	1
MED	2	1
LOW	5	0
NONE	1	12

Note. The categorization of levels of community involvement is explained in Chapter 3.

Table 8

Change in Accustomed Level of Community Involvement Since
Nursing Home Admission (N=14)

Reported change	<u>n</u>
MORE	0
SAME	8
LESS	6

Friendly Visitation

Friendly Visitors

Many of the friendly visitors to the participants are volunteers from the I-You Venture program, an organization that recruits, trains and matches volunteers with care facility residents upon the request of the resident, the facility or other social agency. Other friendly visitors to the participants consist of community members acting as individuals or volunteering through other organizations, such as churches or service clubs. Nine of the participants reported that they receive just one friendly visitor, while five reported two or three.

Participants' responses to the question, "How long has (the friendly visitor) been coming to see you?" ranged from four months to four years. Many of the residents reported that they were not sure, and gave an approximation. In a few instances, the resident was unable to estimate, and this information was obtained from the activities director.

Most of the participants reported receiving visits from friendly visitors once a week, although one resident reported daily visits, and a few reported monthly or bimonthly visits. Participants' estimates of the usual length of the visits ranged from ten minutes to two hours. Activities of the visits included talking, accompanying the resident at facility activities, playing games, going on outings, going out-of-doors, and participating in religious

activities, such as reading the Bible or praying. Help given by the visitors included bringing treats or flowers, pushing the resident's wheelchair around the facility, taking the resident on outings, shopping and/or writing letters for the resident.

Two of the participants reported that they had gone on outings with their visitors. One participant went out to a restaurant with his visitor on one occasion, and another participant reported that goes on outings with her visitor every Sunday. The remainder reported that they have never left the facility with their friendly visitors, although six residents indicated that they have family members who occasionally take them on outings.

When asked, "Is (the frequency of the visits) often enough?" and "Are you satisfied with the frequency of (the friendly visitor's) visits?" most residents said "yes." Some of the participants gave an explanation:

"Well, yeah, because they have so much activity here."

"Oh yes. Because you're not usually that close to people that are volunteering, you know, they have their own lives."

Although none of the participants reported that they were not satisfied with the frequency of the visits, a few did not give a direct answer and made comments that suggested a desire for more frequent visits. For example:

"I've told her she can come anytime she wants. I will enjoy her any time she comes..."

"Well it is for her...I'm not unhappy with my condition. I know that people that are outside, they have their own lives."

"I know she's very busy. I would like her more--but she comes as often as she can. It's wonderful she's taken an interest to bring people to play bridge with me, because I love to play bridge."

Participants were also asked, "Is (the length of the visits) long enough?" and "Are you satisfied with the amount of time that (the friendly visitor) spends with you?" While most residents ($n=10$) said "yes", the remainder avoided giving a direct answer or implied that they would like longer visits. For example:

"Well, you know, she has things to do and I don't like to press her for time for me because maybe there's someone else that needs her as bad as I do. I don't want to be selfish with her."

"Well, the thing of it is, she's good enough to leave her family and come to take me somewhere...she's good enough to think of me as a person with a little need, and she knows that I like company. Well, of course, I'd like to spend more time with her because I like that particular kind of communication with people, but I know she's busy...she has far less time, even though I'd like to spend more time with her and she'd probably give it to me if I asked her, but I feel that would be selfish."

"Oh, yes. We enjoy him, but I'd hate to have him tied up every day."

The first response was particularly revealing in that it suggested that the resident feels a sense of "need" for the visitor.

To ascertain the extent to which friendly visitation has affected the residents' lives, participants were asked, "Has anything in your life changed since (the friendly

visitor) has been visiting?" Some of the residents did not understand the question and gave irrelevant answers; however, most of the participants stated that their lives had not changed because of the friendly visitation.

When asked, "Does (the friendly visitor) do things for you?" only one of the participants reported having friendly visitors who perform concrete tasks (i.e., shopping and letter-writing). This particular question elicited some responses which illustrate various roles that friendly visitors play and the importance of friendly visitors to the participants. Some of their verbatim responses follow:

"I would say she does every day. If you want anything she'll do it and she doesn't ask questions why...if she sees you despondent she'll say, 'You want to go to your room, don't you Dear?' and she'll take you. She's so good like that."

"No, she hasn't...keeping me company, and really that's a lot."

"They would if I asked them to but I never ask people to do things."

"I don't recall asking her to do anything. I suppose she'd do it...she's that kind."

When asked, "Do you look forward to (the friendly visitor's) visits?", all of the participants said "yes." Additional remarks made by the participants revealed the perceived importance of the friendly visitors in their lives.

"I always look forward to it, yes, I'm always happy when she comes. She's a wonderful person and I love her."

"Yes I do, and I'm disappointed when she doesn't come in on the days that I go down for lunch."

"Yes, I do. I get a kick out of it because I never know when she's coming. Like yesterday, she came all of a sudden."

"Yes. When it's nice weather we usually sit out on the patio. She usually brings me some candy."

"Yeah, I do because there are people you can talk with and they understand what you're talking about, or as my sisters say, that speak the same language. By that I mean if you're talking about something that happened years ago, they know what you're talking about, where my kids (say), 'Well, what are you talking about?!'"

"Oh, yes, very much so. I think it's very important to have someone to talk to, someone to hear their problems."

The final response is particularly interesting in that the resident appeared to recognize that the visitors also benefit from the relationship, and that she is able to play an important role for them by being a "sympathetic listener."

When asked, "Overall are you satisfied with the number of visitors that you get?" most of the participants said "yes." Some of their reasons:

"Oh yes. I'm a loner to start with."

"Yes, I would not want someone running in and out all the time and having to do a great deal of talking."

Three of the participants stated or implied that they would like more visitors. For example:

"I'm always happy if anybody comes."

"Well, I wish my own kids--my grandkids--would come more often. But I feel too that they have their own lives to live, so I can't expect them to wait on me

just because I'm old."

"Yes. I would like to have a few more once in awhile."

One participant, who had reported earlier in the interview that she receives no visits from family or friends, and that not having many visitors is "awful hard", gave a somewhat ambivalent response:

"Well, so far I've been all right."

Importance of Visitors

Residents were not asked to rate the importance of visitors quantitatively. However, based on the content and emotional tone of their responses to the question, "How important is it to you to have visitors?", the importance of visitors to the residents was rated "HIGH", "MED", or "LOW." These findings are presented in Table 9.

Each of the participants' verbatim responses regarding the importance of visitors are presented below under the rating to which they were assigned.

HIGH = extremely/very important to well-being (n=7)

"Very, very important, because it makes me happy and my life is like before...no illness like this."

"Oh, my! I think it would be a terrible place if you didn't have them. That's why I feel like I'm so lucky because my husband never fails me, he comes every day, and always brings things for me. Oh, I think it would be a terrible life if you were just by yourself and not have any good friends or someone to talk to."

"Yes it is, because I love people--that is, certain kinds of people--and the people that come to see me are interesting and I enjoy them. I don't know if

Table 9

Importance of Visitors (N=14)

Rating	<u>n</u>
HIGH	7
MED	3
LOW	4

they do or not, but I enjoy their time very much. I look forward to their coming because there is not a soul in this building as long as I've been here--any of the workers--that takes the time. I like people. People don't bore me. I like to talk to people, and enjoy having people."

"Well, in the situation that I'm in, it's very important, but I believe that to anybody that's ill, visitors--even if they just sit by you--not say anything, are important. I'm glad to have any of them."

"Well, I appreciate having people. I like people. I've always liked people. It's awful hard when I don't have many that come to see me anymore."

"Very much so. I get a newspaper--it's one way of keeping in touch with the outside world. I have a TV too, but it's not the same."

"I think this world is getting so that people are falling apart, you know, not visiting enough--keeping in contact. If you don't visit with somebody, you get kind of, well, I don't know if you'd call it lonesome or lost, or what, feeling..."

MED = important, but not central to well-being (n=3)

"Well, I enjoy them when they're here and I look forward to them."

"Not terribly important, but it's nice to have somebody come and say hello. I enjoy seeing my daughter and son in-law."

"It's important."

LOW = not important to well-being (n=4)

"It breaks the monotony, but I could do without them."

"It's something that is not necessary because I am a very private person and self-sufficient, and so if my daughter comes to see me when she's not busy, why, well and good. If she doesn't come, I just wait until she does."

"Oh, I enjoy my friends, but I don't mind being alone at all. I'm pretty much that kind of person. I make my own pleasures and interests."

"I always like to see my mother."

Chi square statistics were computed to determine if significant associations existed between the level of importance of visitors and each of the following variables:

- (a) previous contact with family
- (b) current contact with family
- (c) change in family contact
- (d) previous contact with friends
- (e) current contact with friends
- (f) change in contact with friends
- (g) previous level of community involvement

No significant associations were found between the importance of visitors and any of these variables, with one exception. A chi square statistic determined that there was a significant difference in the importance of visitors for residents who were very or moderately active in the community prior to their admission, compared with those who had little or no activity in the community ($X^2(2, N=14) = 6.40, p < .05$).

Specifically, receiving visitors was more likely to be very important to residents who had been very active in the community prior to institutionalization.

A possible explanation for this finding is that community-oriented residents place greater importance on maintaining a sense of connection with the outside world. Inasmuch as visitors from outside the facility are a direct

source of information about outside events, their presence in the facility helps to bridge the gap between the nursing home and the larger community.

Results

The primary objective of this research was to determine the perceived effects of friendly visitation on nursing home residents' social well-being. The study focused on the following questions:

1. What role do friendly visitors play in nursing home residents' lives?

2. Does contact with friendly visitors affect residents' sense of connection with the larger community?

In this section, findings relating to these questions are presented.

Role of Friendly Visitors

Residents were not asked directly about the role of friendly visitors in their lives. Interview data revealed common themes from which inferences could be made about the nature of the relationship. A number of roles were identified:

- (a) conversation partner ("someone to talk to")
- (b) activity partner/facilitator
- (c) social contact facilitator
- (d) confidant
- (e) helper
- (f) company

For most residents, friendly visitors appeared to play multiple roles; however, for illustrative purposes, each of the roles will be described separately.

Conversation Partner. Among the fourteen participants, a common role of friendly visitors was "conversation partner." A number of residents indicated that having people around is extremely important to them. These residents stated that they "enjoy people" and expressed frustration that there are very few or no other residents with whom they are able to converse, due to the prevalence of dementia and hearing loss among the nursing home population.

As previously stated, most of the participants reported that there are no other residents within the facility to whom they feel especially close or would consider a "friend." The problem of having no one with whom to converse within the facility is compounded by a lack of friends outside the facility (eleven residents reported low or no contact with friends outside the facility).

For the very social, "people-oriented" residents, having a friendly visitor with whom to converse was of primary importance. Five of the participants fit this profile.

CASE EXAMPLE - MRS. E

Mrs. E was extremely active in the community

prior to her admission to the nursing home. Although she sees her family on a regular basis, she lost contact with her friends when she was hospitalized and currently has no friends outside or inside the facility. She is unable to communicate with her non-English-speaking roommate and does not converse with any other residents in the facility because "they are not clear in their minds." She finds that living in the nursing home is "dull" because "there's nobody to talk to."

The friendly visitor comes every week for a one to two-hour visit in which Mrs. E does most of the talking. She very much enjoys the volunteer's visits and they have established a close relationship. "We get wound up in talking, you know. She's very interesting, and I love to talk to her. She's a very wonderful person and I love her."

CASE EXAMPLE - MRS. H

Prior to admission into the nursing home, Mrs. H lived in a mobile home park where she had a number of friends and engaged in social activities on a regular basis. She has lost contact with all of her friends and receives no visits from family, as they live out of state. Mrs. H has always liked people and not having visitors is difficult for her. She expressed frustration about having no one with whom to converse

in the facility. Her friendly visitor "pops in" about once a month for a two-hour visit. Mrs. H "gets a kick out of it" because it's always a surprise.

CASE EXAMPLE - MRS. A

For Mrs. A, having people with whom to converse is very important to her well-being. She says it would be a "terrible life" if there wasn't anyone to talk to. Although she was never involved in community activities, she was socially active prior to her stroke. She has extensive family contact and has maintained contact with most of her friends; however, she does not communicate with other residents because she finds it frustrating to deal with people who are hard of hearing, and she does not participate in any facility activities, as she does not like them.

Mrs. A receives weekly visits from two volunteers, which she enjoys very much. Her friendly visitors have interests similar to hers (e.g., professional sports) and she is able to comfortably converse with them.

Activity Partner/Facilitator. A second common role of friendly visitors was "activity partner/facilitator." A number of participants indicated that they found the facility's activities childish or unappealing. For three residents, friendly visitors served as "recreation partners" (i.e., bridge, cribbage, dominoes), thereby

providing the opportunity to engage in previously-enjoyed activities.

CASE EXAMPLE - MRS. L

Mrs. L, who was extremely active in the community and had numerous friends prior to admission, expressed concern that there are so many residents with Alzheimer's disease in the facility and "there aren't many patients that can carry on a conversation." Mrs. L finds the facility's activities childish and inappropriate for her level of functioning. The friendly visitor comes every week with two other people to play bridge, an activity that Mrs. L very much enjoys. Thus, Mrs. L is able to continue previously-enjoyed, intellectually stimulating activities with persons from outside the facility.

Friendly visitors also served as "activity facilitators" for three other residents, as they provided residents with the opportunity to engage in activities that are particularly enjoyable or meaningful to them.

CASE EXAMPLE - MRS. I

Although Mrs. I was not particularly active in the community prior to her stroke, she was accustomed to having people around and participating in social activities. She feels that being with people is very important, but finds the other residents "cranky" and sometimes hostile. The friendly visitor is in the

facility nearly every day, and accompanies and assists Mrs. I at facility activities. This assistance is especially valuable to Mrs. I because her stroke has severely hampered her mobility.

CASE EXAMPLE - MRS. J

Mrs. J was very active in the community prior to her nursing home admission. Although she is physically capable of going out, has a bus pass, and has permission to leave the facility on her own, she is reluctant to do so because she gets confused and is afraid she might not find her way back. Mrs. J's friendly visitor takes her on weekly outings, enabling her to get out into the community, an activity she very much enjoys.

CASE EXAMPLE - MR. P

Mr. P, a devout Catholic, receives a visitor every Sunday who reads the Bible with him, prays with him, gives him communion and says Mass, thereby allowing him to continue activities that are of great importance to him.

Social Contact Facilitator. Loss of contact with previous friends was a common problem among the participants; however, for some residents, friendly visitors were instrumental in facilitating continued contact with old friends. This "social contact facilitator" role appeared to be particularly important in

two cases.

CASE EXAMPLE - MRS. D

Mrs. D, a blind woman, has no living relatives and has outlived virtually all of her friends, with the exception of one local woman who has no transportation and a man who lives on the east coast. The three friendly visitors who visit her each week are her only social contacts from outside the facility. Mrs. D has been able to maintain contact with her friend on the east coast by dictating letters to one of her friendly visitors.

CASE EXAMPLE - MRS. J

Mrs. J, (discussed earlier) has a friendly visitor who comes every Sunday to take her on an outing along with residents of the apartment complex where she lived prior to her institutional placement. They go out for about two hours, drive around town or up the coast, and sometimes stop to get a snack. Having the visitor in her life allows Mrs. J the opportunity to spend time with her friends in the community.

Confidant. For one resident, the visitor is viewed as a "confidant" with whom she can comfortably share her feelings when she is troubled or depressed.

CASE EXAMPLE - MRS. J

Mrs. J, whose visitor also acts as an activity

facilitator and social contact facilitator, views her visitor as a "confidant." According to Mrs. J, "Well, I think I'm real close to her and she is a good Godly woman and she gives me advice. If I'm troubled by something she'll open up the conversation so that I'll tell her what's the trouble. I think it's just good for me to talk to her and I know that she's a good woman and it doesn't bother me to say things that I don't tell to others."

Helper. The role of "helper" did not appear to be very common among the participants. Only one of the participants reported receiving instrumental help from friendly visitors (i.e., shopping and letter-writing). However, several of the residents did receive other forms of "help" from visitors, such as taking the resident on outings, assisting the resident with activities, or pushing the resident's wheelchair around the facility.

Company. For all of the residents, the visitors provided company, but in a few cases, this role appeared to be a particularly important one.

CASE EXAMPLE - MRS. I

Mrs. I (discussed earlier) is a wheelchair-bound stroke patient who appears very depressed about her current situation in life. She is no longer able to do the things she once enjoyed, has lost contact with most of her friends and has very little contact with

family. She finds life in the nursing home "very dull."

The friendly visitor, a facility volunteer, is an extremely cheerful, kind person. She always greets Mrs. I when she passes by her door, eats lunch with her, and accompanies her at facility activities. Mrs. I reports that the volunteer is "a smiling face" and having her around cheers her up. "She's the nicest friend I've had. I mean, she is a friend."

Sense of Connection with the Larger Community

In a number of cases, friendly visitors enabled the participants to maintain contact with the community and/or previous social contacts. In one case, the visitor physically takes the resident out into the community on a regular basis. Although the other participants do not physically go out into the community with their friendly visitors, in three cases it appeared that the visitors' presence in the facility gave residents a sense of continuity with their past lives in the community which perhaps reduced their feelings of isolation from the rest of the world.

CASE EXAMPLE - MRS. L

Prior to her illness, Mrs. L was extremely active in work (she owned her own business), community and recreational activities. Although Mrs. L's friendly visitor does not take her on outings, the visitor

brings other community members into the facility to play bridge with Mrs. L. It appeared that these visits helped Mrs. L to feel connected with those from the outside world, which is very important to her. "I get a newspaper--it's one way of keeping in touch with the outside world. I have the TV too, but it's not the same." Additionally, her participation in a previously-enjoyed activity (bridge) provides a sense of continuity with her past active life in the community.

CASE EXAMPLE - MRS. N

Mrs. N feels that it is important to keep in touch with the outside world. "The one thing I miss is going out to the stores, or shopping...I miss that more than anything--keeping contact with the outside world." Her main source of information is the radio. Mrs. N says that her children don't understand her, but her two friendly visitors "speak the same language" as she. Both of the visitors travel and Mrs. N enjoys hearing about their trips. The visitors are a source of information about the outside world and also allow Mrs. N the opportunity to express herself to people whom she feels understand her.

CASE EXAMPLE - MR. P

Mr. P, who receives Sunday visits from a church volunteer (discussed earlier), feels that having this

visitor in his life is "very, very important" to him because it reminds him of his life before he became ill. Although his condition precludes his attendance at church, the church comes to him, allowing him to feel a sense of connection with the community of which he was a part prior to his illness.

CHAPTER 5

DISCUSSION

Summary of Findings

The purpose of this study was to explore the perceived effects of friendly visitation on the social well-being of nursing home residents. Unlike previous quasi-experimental research which has focused on the psychological and physical effects of friendly visitation (Arthur, Donnan & Lair, 1973; Moss & Pfohl, 1988; Newman, Lyons & Onawola, 1985; Schulz, 1976), this was a descriptive study which examined residents' perceptions of the value of receiving visitors from the community. The study focused on the roles that friendly visitors play in residents' lives and the extent to which friendly visitation fulfills residents' needs for social contacts and involvement in the community.

Most of the participants in the study had experienced a decline in social contacts since institutional placement, especially with previous friends. This lack of contact with friends is consistent with previous research which has shown that older persons' contact with friends tends to decrease after nursing home admission (Bitzan & Kruzich, 1990; Greene & Monahan, 1982; Hook, Sobal & Oak, 1982; National Center for Health Statistics, 1977; Spasoff et al., 1978).

Participants had also experienced a dramatic reduction in contact with the larger community. This finding is also

consistent with previous research which has found that entrance into a nursing home often leads to severance of ties with the larger community (Kahana, 1971; Markson, 1980).

Participants' lack of social contacts outside the facility were compounded by a lack of interpersonal relationships within the facility. The majority of the participants reported that there are no other residents whom they would consider "close", and several indicated that they do not associate with other residents at all. Consequently, many residents' social support networks were seriously lacking.

This research revealed a great deal of variation in residents' perceptions of the value of receiving visitors. Although all of the participants appeared to appreciate the visits and look forward to them, they did not necessarily feel that having visitors is central to their well-being. While most of the participants reported that having visitors is moderately or extremely important, three residents indicated that having visitors is not particularly important to them.

The varying degrees to which residents feel visitors are important is particularly relevant to previous research which has suggested that it is not visitors per se that is important, rather, the extent to which residents' preferences for visitors are fulfilled (Noelker & Harel,

1978). Similarly, research has pointed to the importance of maintaining accustomed levels of social interaction (Tesch & Whitbourne, 1978) and continuing ties with preferred members of one's social network (Harel, 1981).

Results also indicated that residents who were active in the community prior to their admission tended to place greater importance on having visitors than residents who were not active in the community. This suggested that residents who are more socially active and community-oriented may find that visitors help to bridge the gap between the facility and the larger community.

It was also found that friendly visitors play a variety of roles in residents' lives and most play multiple roles. The roles identified were: (a) conversation partner; (b) activity partner/facilitator; (c) social contact facilitator; (d) confidant; (e) helper; and (f) company. The roles of conversation partner and activity partner/facilitator appeared to be especially important among the participants in the study. A possible reason for this is that all the participants are alert, oriented persons, and many of them feel that they do not fit in with the other residents or activities in the facility.

The roles identified are by no means exclusive; it is likely that there are additional roles that friendly visitors currently play or could potentially play, and visitors to cognitively impaired residents may play very

different roles altogether.

With regard to residents' social well-being, it appeared that most of the friendly visitors do not directly facilitate continued community involvement by physically taking residents out into the community. However, for some residents, visitors enabled them to maintain a sense of connection with the community and/or previous social contacts by bringing information, activities or people from the community into the facility. Thus, the presence of friendly visitors in the facility may mitigate the effects of institutionalization by helping residents to maintain a sense of continuity.

It must be noted that the sample in this study is not representative of the larger population of nursing home residents because it consisted of only alert, oriented persons. Therefore, the findings cannot be generalized without replication. The findings do, however, have some implications for practice with elderly nursing home residents who do not have severe cognitive impairments.

Implications for Practice

This research may be helpful to nursing facility staff and other helping professionals who work with institutionalized older persons, as it provides relevant information regarding the nature of residents' social needs and highlights the importance of developing appropriate plans of care to ensure that such needs are adequately

fulfilled.

Although this research strongly supported the notion that friendly visitation is potentially beneficial to nursing home residents, one must take care not to presume that all residents crave visitors from the outside and would benefit from friendly visitation. Helping professionals need to be aware of the variation among residents with regard to their perceptions of the value of visitors, particularly from community volunteers. For example, three of the fourteen participants in this study indicated that having visitors is not necessary to their well-being. All three described themselves as "loners" or "private" people and stated that they enjoy being by themselves. They stated that although they enjoy the visitors when they are there, they would not want people coming all the time or dropping in unannounced, as it disrupts their routines. Assuring such residents of their privacy and allowing sufficient opportunities for solitary activity may be of much greater benefit than sending in volunteers for lengthy room visits.

In order to design the most appropriate plan of care for nursing home residents, helping professionals must thoroughly assess each individual's social needs. The assessment should include a review of the resident's previous social activity patterns and current preferences, so that the individual's preferred level of social contact

and community involvement can be maintained to the greatest extent possible. For example, for residents who were previously very active in the community, friendly visitation from community volunteers may be valuable in ensuring gratification of their social needs; however, for residents who are accustomed to low levels of social activity, visitors (especially "drop-ins") may be perceived as a nuisance or an invasion of privacy.

In order to ensure that friendly visitation will be a valuable experience for the resident, the resident should be allowed to make decisions and exercise control over the nature of the friendly visitor arrangement. As the specific needs and desires of the resident are assessed, arrangements for friendly visitation should then address those needs and desires as much as possible. For example, it must be determined if the visits will be primarily social (i.e., in-room visits) or functional (i.e., writing letters), if the visits will be on a "drop-in" basis or on a regularly scheduled day and time.

It is also important for helping professionals to recognize that friendly visitation may be of particular value to more alert, oriented nursing home residents. For these persons, communication with other residents in the facility may be difficult, and the facility's activities program may be viewed as inappropriate or uninteresting. Friendly visitation may provide higher-functioning

residents with the opportunity to comfortably converse with non-impaired persons and/or participate in preferred activities within or outside the facility.

As previously mentioned, in order to maintain a sense of continuity after institutionalization, the resident's plan of care should foster a continuation of his/her accustomed level of community contact. Friendly visitors may be extremely beneficial in this regard. For example, inasmuch as many nursing home residents experience a dramatic drop in contact with previous friends upon admission to a nursing home, friendly visitors may be instrumental in helping residents to maintain contact with their friends living in the community or other care facilities. Friendly visitors may be needed to write letters for residents, provide residents with transportation to visit friends in the community, or transport community-dwelling friends to the facility for visits.

In conclusion, it is recommended that nursing facilities recognize the importance of providing residents with sufficient opportunities for gratification of their social needs. This research has demonstrated that friendly visitors can be beneficial in achieving this goal; however, it is important for the individual needs and desires of residents to be identified so that appropriate arrangements for friendly visitation can be made.

Recommendations for Future Research

This research is unique because it focuses specifically on the effects of friendly visitation on social well-being (in contrast to psychological or physical well-being), which is an important but frequently overlooked dimension of well-being. Because research on friendly visitation is limited, particularly as it relates to social well-being, any future studies regarding this subject would be valuable.

One important area in need of exploration is the impact of friendly visitation on the social well-being of mentally impaired nursing home residents. This is a difficult area to study and would require a different type of methodology than was used in this study.

Future research might also investigate the effects of visitation which is specifically designed to address residents' needs for social contacts and community involvement. For example, a study could be conducted using a sample of nursing home residents who receive visits from volunteers whose primary role is social contact facilitator (i.e., enables resident to maintain previous social contacts by writing letters, providing transportation, and the like) or community contact facilitator (i.e., takes resident on outings and/or accompanies resident at community events) to determine the effects on morale, life satisfaction or subjective well-being. Similar studies

could be conducted on the effects of visitation from volunteers who play other roles, such as activity partner or confidant.

A longitudinal study could be conducted to follow the resident-visitor relationship as it develops over time, and determine how it impacts the resident's life in terms of physical, psychological and/or social well-being.

Another area worthy of further exploration is the relationship between friendly visitation and autonomy. For example, a quasi-experimental study similar to that of Schulz (1976) could explore the effects of visitation in which residents have the opportunity to exercise control over the frequency, duration, and activities of visits, compared with residents who do not have the opportunity to exercise control over visitation.

It should be noted that, although experimental research on the effects of friendly visitation would likely be valuable, such research must be conducted with caution. In designing long-term field experiments involving the introduction of visitors, researchers must consider the ethical issues regarding the use of negative manipulations. As demonstrated by Schulz and Hanusa (1978), the introduction and subsequent withdrawal of visitors may have a negative impact on the physical and psychological well-being of residents. Therefore, only positive manipulations should be used, and control groups should consist of no-

groups or treatment-as-usual groups.

Any future research regarding friendly visitation would contribute information that may have implications for practice by professionals working with institutionalized older persons. Inasmuch as long-term care is an increasingly important issue in an aging society, such information may be valuable in identifying factors that mitigate the negative effects of institutionalization and maximize the quality of life of nursing home residents.

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Appendix A
Authorizations to Conduct Research

**DRIFTWOOD CONVALESCENT HOSPITAL**

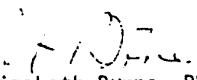
175 24TH AVENUE / SANTA CRUZ, CALIFORNIA 95062 / 408 475-1323

September 10, 1991

To Whom It May Concern:

I hereby give permission to Kristie Schromm to contact and interview residents with residents prior consent in connection to her research project - "The Perceiving Effects Of Friendly Visitation on the Social Well-Being of Institutionalization of Older Persons".

Sincerely,


Elizabeth Byrne, RN
Administrator

EB:ls

Golden Age Convalescent Hospital

BED . AMBULATORY . CONVALESCENT

523 BURLINGAME AVENUE . CAPITOLA, CALIFORNIA 95010 . PHONE 475-0722

SEPT.4, 1991

To Whom It May Concern:

I hereby give permission to Kristina Schrom to contact and interview residents, with residents' prior consent, in connection with her research project, "The Perceived Effects of Friendly Visitation on the Social Well - Being of Institutionalized Older Persons."

Very respectfully,

Lita Esteves

Lita Esteves RN / Owner



HILLHAVEN
EXTENDED
CARE

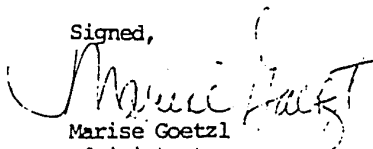
September 6, 1991

To Whom It May Concern;

I hereby give permission to Kristina Schromm to contact and interview residents. It is understood that she will obtain residents' prior written consent. The interviews are for her research project, "The Perceived Effects of Friendly Visitation on the Social Well-Being of Institutionalized Older Persons."

The confidentiality of the facility and the residents will be honored.

Signed,



Marise Goetzl
Administrator

MG:ss

A Hillhaven
Facility

1115 Capitola Road
Santa Cruz, CA
95062
(408) 475-4055

TRIWAY

Care Center

September 4, 1991

Kristina Schromm
111 Bean Creek Road #80
Scotts Valley, CA 95066

Dear Ms. Schromm,

I enjoyed visiting with you and discussing your project that you want to do here at Triway Care Center.


I know how important visits are to our residents and want to do anything that will promote and further along more visits by both families and volunteers.

Therefore, I hereby give permission to Kristina Schromm to contact and interview residents in connection with her research project, "The Perceived Effects of Friendly Visitation on the Social Well-Being of Institutionalized Older Persons."

As I mentioned, no contact will be forced upon any resident and each resident shall freely choose if they want to participate.

Good luck on you project.

Sincerely,


John Paul Jones
Administrator

gr

Appendix B
Interview Schedule

Interview Schedule

Name: _____ Facility: _____
Date of Interview: _____ Physical/Mental Status: _____
Visitor: _____ Affiliation: _____

How long have you been living in this nursing home?

Where did you live before coming to this facility?

Family Relationships

Before you lived in a nursing home, did you have relatives nearby?

How many?

Who?

How often did you see them?

Do you have relatives outside the facility with whom you keep in touch?

Do they come to visit you?

How often?

Do you ever visit them?

How often?

Do you write to them?

Do they write to you?

How often?

Do you ever talk with them on the telephone?

How often?

Since you entered the facility, has the amount of time you spend with relatives changed? Do you see your relatives as often?

Friendships

Before you lived in a nursing home, did you have friends nearby?

How many?

Who?

How often did you see them?

Do you have friends outside the facility with whom you keep in touch?

Do they come to visit you?

How often?

Do you ever visit them?

How often?

Do you write to them?

Do they write to you?

How often?

Do you ever talk with them on the telephone?

How often?

Since you entered the facility, do you think the number of friends you have has changed?

Has the amount of time you spend with friends changed? Do you see your friends as often?

Community Involvement

Before you lived in a nursing home, were you involved in any community activities, such as church, clubs, or work?

What types of things did you do for recreation?

Did you attend community events, such as movies, concerts, or sports?

Do you currently go to community events?

Are you able to come and go as you like?

Relationships Within the Facility

Are there any residents in the facility to whom you feel especially close?

Are there any staff members to whom you feel especially close?

Visitors

How long has _____ been coming to see you?

How did you first meet?

How often does _____ visit you?

Is that often enough?

Are satisfied with the frequency of _____'s visits?

Do you ever talk on the telephone?

Has anything in your life changed since _____ has been visiting?

When _____ visits, how do you spend your time together?

What subjects do you talk about?

Does _____ do things for you?

Do you ever go out of the facility with _____?

If so, what things do you do when you go out (e.g., shopping, eating at a restaurant, going for a walk)?

Where do you go?

How long do _____'s visits usually last?

Is that long enough?

Are you satisfied with the amount of time _____ spends with you?

Do you look forward to _____'s visits?

How important is it to you to have visitors?

Overall, are you satisfied with the number of visitors you get?

Is there anything else you would like to share?

Socio-Demographic Information:

Age:

Marital status:

Children:

Occupational background:

Race/Ethnicity:

Appendix C
Participant's Consent Form



A campus of The California State University

School of Applied Arts and Sciences • Gerontology Education & Training Center
One Washington Square • San Jose, California 95192-0140 • 408/924-3290

PARTICIPANT'S CONSENT FORM

You have been invited to take part in a research study. The purpose of the study is to explore the role of friendly visitors in the lives of people who live in nursing homes. You have been selected as a possible participant because you receive visits from a community volunteer.

If you decide to participate, you will be asked to take part in an interview which should last approximately 30 minutes to 1 hour. During the interview you will be asked about your friends and relatives, and about the volunteer who comes to visit you.

Participation in this study is completely voluntary. You may withdraw from the study at any time, for any reason. There are no apparent risks in this study, nor personal benefits. You will not be paid for your participation.

This study is being conducted in conjunction with San Jose State University, and is not connected with this nursing facility. Refusal to participate will not affect any services you receive. All information you share with the researcher will remain strictly confidential. The results of the study may be published, but your identity will not be revealed.

If you have any questions regarding this study, please ask. Any questions or concerns about the research procedures may be

presented to Kristina Schromm at 438-4513. Complaints about the procedures may be presented to Debra David, Ph.D. (Director, Gerontology Program) at 924-3294. For questions or complaints about research subject's rights, or in the event of research-related injury, contact Serena Stanford, Ph.D. (Associate Academic Vice President for Graduate Studies and Research) at 924-2480.

MY SIGNATURE INDICATES THAT I HAVE READ OR BEEN READ THE ABOVE INFORMATION AND HAVE MADE A DECISION TO PARTICIPATE IN THE STUDY DESCRIBED ABOVE.

DATE

PARTICIPANT

RESEARCHER